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## Certified Application Counselor (CAC) Cost Reimbursement Pre-Authorization

In order to apply for pre-authorization for reimbursement of CAC certification expenses, Nevada Health Link has the following requirements:

- You must be registered as a business with the Nevada Secretary of State.
- You must provide certified application counselors as a type of assistance personnel available to provide information to consumers and to help facilitate consumer enrollment in QHPs and insurance affordability programs.
- You must agree that your certified personnel will perform their duties as a CAC, at a minimum, through December 31, 2014.
- You must agree that, based on the functions of your organization, you will have processes in place to screen staff members and volunteers who are certified application counselors to ensure that they (1) protect personally identifiable information, (2) engage in services that position them to help those they serve with health coverage issues, and (3) have experience providing social services to the community.
- The CAC for whom you are requesting reimbursement must agree to the terms and conditions provided by Nevada Health Link for access into the application portal.

Complete & submit to [contact@exchange.nv.gov](mailto:contact@exchange.nv.gov)

Basic Information			
Organization or Entity Name		Organization type (i.e. Hospital, Library, Social Services)	
<b>How can Nevada Health Link contact this organization?</b>			
Name:			
	Last	First	M.I.
Address:			
	Street Address		Suite/Unit #
	City	State	ZIP Code
	Phone		Email
<b>How can the general public contact this organization?</b>			
Address:			
	Street Address		Suite/Unit #
	City	State	ZIP Code
	Phone		Email
	Hours of Operation		Website

Organization Details				
<b>Do one of the following apply to your organization? Answer yes or no for all that apply.</b>				
A Governmental Entity?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	A health care delivery organization?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Designated by a Medicaid/CHIP agency as a Medicaid/CHIP application assistance program?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Organized under 501(c) of the Internal Revenue Code?	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>What population does your entity serve that would benefit from a Certified Application Counselor? (additional pages may be attached to describe your population)</b>				

Privacy and Security Experience				
<b>Does this organization already:</b>				
Screen the employees/volunteers it will certify as application counselors?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Handle personally Identifiable Information (PII) and have the processes in place to protect PII?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Assist people with the health coverage decision?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
If yes, please explain qualifications as a certified application counselor organization. If no, please explain how your experience relates to this role or prepares your organization to assists with health coverage decisions.				

Number of Proposed Certified Application Counselors
Please enter the number of individuals your organization plans to have certified. Please enter whole numbers only.
_____

Reimbursement and Next Steps
Reimbursement is limited to the following costs. Reimbursement will be not provided for travel, payroll, equipment or other any other cost not listed below.
<ul style="list-style-type: none"> <li>• Certified EEF Training Course</li> <li>• Certified EEF Test</li> <li>• DOI Background Check</li> <li>• DOI Certification Application</li> </ul>
Upon an individual's successful completion of the Exchange Enrollment Facilitator (EEF) certification provided by the Nevada Division of Insurance (DOI), and successful completion of the Nevada Health Link training class, your organization may submit a request for reimbursement. The reimbursement request must be submitted in writing.

Disclaimer and Signature
<i>I certify that my organization meets all of the requirements on page 1 of this pre-authorization and my answers are true and complete to the best of my knowledge.</i>
Signature: _____ Date: _____